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Directive 15-EX-3

TO: All Writers of Health Insurance Providing Network or
Provider Panel Coverage for Vision and Eye Care Services

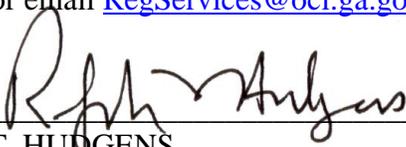
FROM: Ralph T. Hudgens
Insurance & Safety Fire Commissioner

DATE: August 11, 2015

RE: Patient Access to Eye Care – O.C.G.A. § 33-24-59.12

It has come to my attention some insurers may not be complying with O.C.G.A. § 33-24-59.12(c)(2), which requires insurers to allow covered persons to obtain eye care services from providers on a health benefit provider panel who are licensed to provide such services. The law bars insurers from prohibiting a covered person from obtaining eye care services, insofar as such services are covered under the relevant insurance policy, from a provider who is licensed to provide such services. For instance, an insurer is prohibited from requiring that certain eye care services, such as the provision of lenses or frames, be obtained from only certain providers. This issue was recently addressed by the Georgia Supreme Court in the case of Spectera, Inc. v. Wilson et al., 294 Ga. 23, 749 S.E.2d 704 (2013). The Wilson decision makes clear that a provider may provide all eye care services for which he or she is authorized and/or licensed to provide and may receive provider panel reimbursement from the insurer insofar as such services are covered by the relevant insurance policy. Consequently, insurers in Georgia should review internal procedures and provider contracts to ensure compliance with O.C.G.A. § 33-24-59.12(c)(1 through 7).

Questions concerning this Directive may be sent to: Office of the Commissioner of Insurance, Insurance Financial Oversight Division, Life and Health Section, Room 604 West Tower, 2 Martin Luther King, Jr. Drive, Atlanta, Georgia 30334 or call 404-656-2070, or email RegServices@oci.ga.gov.



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